

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44639
STATE FILE NUMBER

5951

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hamilton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.				Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) 0130	
3. NAME OF DECEASED (Type or print) First Mrs. Middle Nettie Last Tospon				4. DATE OF DEATH Month 12 Day 14 Year 1957			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-8-1880	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 11 Days 11 Hours 11 Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Caldwell Co. Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Caldwell Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME John Parmenter				14. MOTHER'S MAIDEN NAME Margaret Doherty			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Harry Tospon, Hamilton, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural hematoma (n. m. o.) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 2 weeks E9369 48
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Dec 9, 1957 to Dec 14, 1957 and last saw her alive on Dec 13, 1957 ✓ Death occurred at 8:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE T. Reid Jones (Degree or title) M.D.				22b. ADDRESS 111 Nichols Road		22c. DATE SIGNED 12.14.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-14-1957		23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) (State) Hamilton, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co.			ADDRESS KC, Mo.		25. DATE RECD. BY LOCAL REG. 12-16-57		26. REGISTRAR'S SIGNATURE Reva Marshall

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now

1-18-30

7 Reid Avenue
336 Pleasant Hill
Berkeley 46 456

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Elmer D. Triplett

Licensed Embalmer No. 4817

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.